

MDR Tracking Number: M5-04-1520-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 28, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The aquatic therapy, unlisted therapeutic procedures, myofascial release, joint mobilization, therapeutic exercises, physical performance testing, supplies & materials and training for activities of daily living were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for

This Findings and Decision is hereby issued this 23<sup>rd</sup> day of April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 03-13-03 through 04-30-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23<sup>rd</sup> day of April 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/pr

April 15, 2004

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This patient suffered an injury to her right wrist on \_\_\_ when she lifted an iron box weighing about 70 pounds. An MRI of her right wrist revealed an intrasubstance tear of the triangular fibrocartilage. The patient saw numerous specialists that recommended continued physical therapy over surgical intervention. On 06/20/03 this patient was found to be at MMI with a 6% whole person impairment.

#### DISPUTED SERVICES

Under dispute is the medical necessity of aquatic therapy, unlisted therapeutic procedures, myofascial release, joint mobilization, therapeutic exercises, physical performance testing, supplies & materials and training for activities of daily living.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

All treatments, therapies and supplies were both reasonable and medically necessary for this patient between the dates of service in dispute. This patient had a complicated injury and treatment note reflect that she steadily improved both subjectively and objectively over the course of her care, avoiding surgery. Her employer did not assist this patient with an earlier return to work. The Texas Guidelines for Quality Assurance and Practice Parameters, the Centers for Medicare & Medicaid services, Trailblazers local Medical Review Policies for Physical Medicine, and the Guidelines for Quality Assurance and Practice Parameters (Mercy Guidelines) were utilized in this case.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_\_, Inc, dba \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,